

**10/594029**

**IAP01 Rec'd PCT/PTO 25 SEP 2006**

**APPLICATION DATA SHEET**

**Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: OPTICAL LIMITER HAVING TRIMETALLIC  
NITRIDE ENDOHEDRAL METALLOFULLERENE  
FILMS

Attorney Docket Number:: 1034136-000038

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Daniel

Middle Name:: R.

Family Name:: KLEMER

Name Suffix::

City of Residence:: Lexington

State or Province of Residence:: KY

Country of Residence:: U.S.A.

Street of Mailing Address:: 3475 Lyon Srive #75

City of Mailing Address:: Lexington

State or Province of Mailing

**Address::**

**Country of Mailing Address::** U.S.A.

**Postal or Zip Code of Mailing Address::** 40513

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** US

**Status::** Full Capacity

**Given Name::** Charles

**Middle Name::** B.

**Family Name::** GAUSE

**Name Suffix::**

**City of Residence::** Providence

**State or Province of Residence::** NC

**Country of Residence::** U.S.A.

**Street of Mailing Address::** 228 Lakeside Lane

**City of Mailing Address::** Providence

**State or Province of Mailing Address::** NC

**Country of Mailing Address::** U.S.A.

**Postal or Zip Code of Mailing Address::** 27315

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** US

**Status::** Full Capacity

**Given Name::** Steven

Middle Name:: A.

Family Name:: STEVENSON

Name Suffix::

City of Residence:: Hattiesburg

State or Province of Residence:: MS

Country of Residence:: U.S.A.

Street of Mailing Address:: 800 Southeast Cir.

City of Mailing Address:: Hattiesburg

State or Province of Mailing Address:: MS

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 39402

### **Correspondence Information**

Correspondence Customer Number:: **21839**

Phone Number:: 703 836 6620

Fax Number: 703 836 2021

### **Representative Information**

Representative Customer Number:: **21839**

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	National Stage of	PCT/US2005/010216	03/25/05
PCT/US2005/010216	Claiming benefit under 35 USC 119(e)	60/556,429	03/26/04

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
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### **Assignee Information**

Assignee Name:: LUNA INNOVATIONS INCORPORATED

Street of Mailing Address:: 1703 South Jefferson Street, SW  
Suite 400

City of Mailing Address:: Roanoke

State or Province of Mailing Address:: VA

Country of Mailing Address:: U.S.A.

Postal or Zip Code of Mailing Address:: 24016